



AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING
Division of Licensing and Protection

103 South Main Street
Waterbury VT 05671-2306
<http://www.dlp.vermont.gov>
Voice/TTY (802)-871-3317
To Report Adult Abuse: 800-564-1612
Fax (802)-871-3318

June 1, 2015

Ms. Kim Russell-Peck, Administrator
Kirby House, Inc.
64 South Main Street
Waterbury, VT 05676-1517

Dear Ms. Russell-Peck:

The Division of Licensing and Protection completed the complaint investigation at your facility on **May 26, 2015**. The purpose of the survey was to determine if your facility was in compliance with Vermont Residential Care Home Regulations. The survey statement is enclosed. This survey found that your facility was in substantial compliance with the participation requirements. However, there is one deficiency that requires a commitment to correct but does not require that you submit a written plan of correction.

Please sign, date and indicate your title on the bottom of the deficiency statement and return this report no later than **June 14, 2015**.

If you have any questions regarding this report, please feel free to contact this office at (802) 871-3317.

Sincerely,

Pamela Cota, RN
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0058	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/26/2015
NAME OF PROVIDER OR SUPPLIER KIRBY HOUSE, INC.		STREET ADDRESS, CITY, STATE, ZIP CODE 64 SOUTH MAIN STREET WATERBURY, VT 05676		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced on-site investigation was completed by staff from the VT Division of Licensing and Protection on 5/26/15 to investigate a facility self-report and a complaint. While the home was found to be in substantial compliance with regulatory requirements, the following issue was identified that requires correction.	R100		
R206 SS=A	V. RESIDENT CARE AND HOME SERVICES 5.18 Reporting of Abuse, Neglect or Exploitation 5.18.a The licensee and staff shall report any case of suspected abuse, neglect or exploitation to the Adult Protective Services (APS) as required by 33 V.S.A. §6903. APS may be contacted by calling toll-free 1-800-564-1612. Reports must be made to APS within 48 hours of learning of the suspected, reported or alleged incident. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the licensee failed to report an allegation of resident abuse to Adult Protective Services (APS) as required by 33 V.S.A., 6903 within 48 hours of learning of the allegation. (Resident #1). Findings include: The licensee received a report on 5/13/15 from another entity that a former resident (#1) of the home alleged that a staff member had been verbally abusive to them during their stay at the home. Per interview with the administrator of Kirby House on 5/26/15 at 11 AM, the home received a report from another agency supervisor via telephone call on 5/13/15 that a former	R206		

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Division of Licensing and Protection

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R206	Continued From page 1 resident alleged that a staff member from Kirby Home had been verbally abusive to him/her while they were living there. The administrator stated that they immediately initiated an investigation into the allegation and were not aware that they were also required to report the allegation to APS. The failure to report the allegation was confirmed at 11 AM on 5/26/15.	R206			